Electronic Filing System (EFS) Data **Electronic Patent Application Submission USPTO Use Only**

EFS ID:

12968

Application ID:

09683068

Title of Invention:

One Step SMS Message Board and

Time Management Tools

First Named Inventor:

Kamin Halim

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2001-11-15

Submission Type:

Utility Patent Filing

្នា ្ជFiling Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

38146

cn=Jeffrey Monroe Furr, ou=Registered Attorneys, ou=Patent and

Digital Certificate Holder:

Trademark Office, ou=Department of Commerce, o=U.S. Government,

c=US

Certificate Message Digest:

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Total Fees Authorized:

\$370.0

Payment Category:

CC - Credit Card

Credit Card Number:

**********0522

Expiration Date:

11152002

Card Holder Name:

Jeff Furr

RAM User ID:

EFSPROD

RAM Accounting Date:

2001-11-15

RAM Sequence Number:

363335

RAM Payment Status:

RAM success

Postal Code:

43031

TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number:

38146

One Step SMS Message Board and Time Management Tools

First Named Inventor: Mr. Kamin Halim

| SI | IRM | IIT | ΓFD | RY |
|----|-----|-----|-------------|----|
| | | | | |

Name:

Mr. Jeffrey Furr Esq.

Registration Number:

38146

^{្សែ}Electronic Signature Mark: **Jeffrey Furr** រៀ Date Signed: 20011115

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Attached Files:

bibd-transmittal

Asiaapds.xml

specification

SMS1step.xml

declaration

d1.tif

declaration

d2.tif

fee-transmittal

Asiafee.xml

Attached Image File(s):

d1.tif

d2.tif

Comments:

| Please type a plus sign (+) inside this | box → | TH |
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DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION (37 CFR 1.63)

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

COMPLETE IF KNOWN

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

Application Number

| Declaration Submitted OR Submitted after Initial Filing (37 CFR 1.16 (e)) required) As a below named inventor, I hereby declare that: | Filing Date Group Art Unit Examiner Name | | | |
|---|--|--|--|--|
| Submitted OR Submitted after Initial Filling (surcharge (37 CFR 1.16 (e)) required) As a below named inventor, i hereby declare that: | | | | |
| Filing (37 ČFR 1.16 (e)) required) As a below named inventor, I hereby declare that: | Examiner Name | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| My residence, mailing address, and citizenship are as stated I believe I am the original, first and sole inventor (if only one r names are listed below) of the subject matter which is claime. One Stop SMS Massage B Tools | name is listed below) or d and for which a pate | r an original, first nt is sought on th | e invention entiti | |
| the specification of which | of the invention) | | | |
| I hereby state that I have reviewed and understand the contramended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material information which became avail PCT international filing date of the continuation-in-part applications. | ended on (MM/DD/YYY sents of the above ident erial to patentability as ilable between the filing | ified specification defined in 37 CF g date of the prior | (if s t, including the cl R 1.56, including r application and | applicable). laims, as for continuation the national or |
| I hereby claim foreign priority benefits under 35 U.S.C. 119 certificate, or 365(a) of any PCT international application w America, listed below and have also identified below, by certificate, or any PCT international application having a film | r checking the box, aring date before that of the | ny foreign application on | ation for patent which priority is | or inventor's claimed. |
| Prior Foreign Application | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Cop YES | y Attached? |
| | -4 | | 000 | |
| | | <u> </u> | | 旨 |
| Additional foreign application numbers are listed on a su | upplemental priority dat | ta sheet PTO/SB | | reto: |

[Page 1 of 2]

Filing Date (MM/DD/YYYY)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tradement Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Application Number(s)

DECLARATION — Utility or Design Patent Application

| Direct all correspondence to: Customer N or Bar Code | |))))) | | OR | c | orrespondence address below | |
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| Name Patent & Trademark Office | | | | | | | |
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| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR | : | | A petition | on has i | been fil | ed for this unsigned inventor | |
| Given Name (first and middle [if any]) AMIN | | | Family I or Sum | | H | ALIM | |
| Inventor's Signature |) P | | | | | Date AUGUST 27, 200 | |
| Residence: City SINGAPORE | | State | 5 | INGA Country | Pore | Date AUGUST 27, 200 Citizenship INDONESIAN | |
| Malling Address 989 BUKIT TIMAH ROAD, # 08-11 | | | | | | | |
| Mailing Address | | | | | | | |
| City SINGAPORE State | | | ZIP | 589 | 629 | Country SINGAPORE | |
| NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor | | | | | | | |
| Given Name KAMAN Family Name HALIM or Surname | | | | | | | |
| Inventor's Signature | | | | | | Date Sept 17,01 | |
| Residence: City JAKARTA | • | State | | Count | onesi ry | Citizenship INDON GSIAN | |
| Malling Address PERMATA HIJQU G/20 | | | | | | | |
| Mailing Address | | | | | | | |
| City JAKARTA State | | | ZIP | 120 | 2210 | Country INDONES/A | |
| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | | |

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FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Small Business Concern

TOTAL FEES AUTHORIZED: \$ 370

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:

0522

Expiration Date:

20021115

Jeff Furr

Authorized Name: Billing Address:

43031

BASIC FILING FEE

| Fee Description | Fee Code | Fee Paid |
|--------------------|----------|----------|
| Utility Filing Fee | 201 | \$ 370 |

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

| | Fee Code | Fee | Extra Claims | Fee Paid |
|-----------------------|----------|-------|--------------|----------|
| Total Claims: 20 | 203 | \$ 9 | 0 | \$ 0 |
| Independent Claims: 2 | 202 | \$ 42 | 0 | \$ 0 |

Subtotal For Extra Claims Fees: \$ 0